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AUTHOR	Pinkerton, Dianna
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ABSTRACT

This digest briefly summarizes available information on the educational needs of prenatally substance exposed infants and children. Estimated incidence figures are given for the numbers of children exposed in utero to illicit drugs and alcohol. The importance of parent/caregiver education in specific techniques to increase infant alertness and interactions is stressed. Sixteen recommended classroom strategies are grouped into protective factors (e.g., developmentally appropriate curricula) and facilitative processes (e.g., encouraging child attachment to an adult and allowing child decision making). Transdisciplinary/transagency approaches to program development are encouraged. Also listed are five references and six resources, including hotlines and organizations. (DB)

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ERIC Clearinghouse on Handicapped and Gifted Children
THE COUNCIL FOR EXCEPTIONAL CHILDREN
1920 Association Drive • Reston, VA 22091-1589
FAX: 703/264-9494

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SUBSTANCE EXPOSED INFANTS AND CHILDREN

Dianna Pinkerton

How Many Children are Substance Exposed in Utero?

According to a study conducted by the National Association for Perinatal Addiction Research and Education, an estimated 375,000 newborns per year face serious health hazards due to their mother's prenatal drug use. It is estimated that 11 to 15% of the babies born in the United States today were exposed in utero to alcohol and/or other illicit drugs (Poulsen, 1991). The problems associated with prenatal substance abuse are increasing and has serious implications for the future educational needs of the children and families affected. Services, programs, and strategies that have been developed in the field of special education will have a role to play in meeting their needs.

What Techniques Can Be Used to Promote Interaction in Substance Exposed Infants?

Parent/caregiver education is essential for an effective, comprehensive early intervention program. Specific techniques to increase periods of alertness and promote infant-caregiver interaction include positioning to improve posture and movement patterns, swaddling and rocking, tactile stimulation of facial and oral areas, and slow gentle movements. Sidelying, prone positioning, and carrying in a flexed position are preferred for positioning and handling. Slow rhythmical input may be effective in calming an infant. When infants are calm, they can be held in a face to face position to encourage visual tracking, vocalization, and playful interaction with their caregiver. Initially, this interaction may be brief because the infant may become over-stimulated. Caregivers need to take cues from the infant during interaction and respond appropriately by reducing stimuli or introducing calming techniques. (Schneider et al., 1989).

What are the Educational Implications for Substance Exposed Children?

In order to work effectively with young children prenatally exposed to drugs and/or alcohol in the preschool setting, educators must recognize the vulnerabilities arising from both biological and environmental risk factors. They must also recognize the children's strengths and the ways in which they are like typical children. Appropriate intervention strategies must be selected based on the systematic application of what is known about successful early intervention. The Los Angeles Unified School District has developed a document that summarizes successful classroom strategies (Cole, Ferrara et al., 1990). They divide the strategies into two areas: protective classroom factors and facilitative classroom processes.

Protective Factors to Be Built into a Classroom.

- Curricula should be developmentally appropriate and promote experiential learning, interaction, exploration, and play in a context that is interesting and relevant.
- Play: Adults must actively facilitate children's play activities by helping them extend the complexity and duration of such activities.
- Rules: The setting should be one in which the number of rules specifically told to the children is limited.
- Observation and assessment: Assessment should be made during play, at transition time, and while a child is engaged in self-help activities.
- Flexible room environment: The setting should allow materials and equipment to be removed to reduce stimuli or added to enrich the activity.
- Transition time plans: Transition should be seen as an activity in and of itself with a beginning, middle, and end.
- Adult/child ratio: There should be enough adults to promote attachment, predictability, nurturing, and ongoing assistance in learning appropriate coping styles.

These guidelines are appropriate for all preschool classrooms. Most young children prenatally exposed to drugs and/or alcohol can be served in regular preschool settings.

Facilitative Processes to Be Built into a Classroom.

- Attachment: A major goal for each child is to develop an attachment to one of the adults in the classroom.
- Respect: Adults must respect children's work and play space.
- Feelings: Feelings are real and legitimate; children behave and misbehave for a reason, even if adults cannot figure it out.
- Mutual discussion: Talking about behavior and feelings, with empathy not judgment, can validate the child's experiences and set up an accepting atmosphere.
- Role Model: Teachers need to model behavior that is appropriate for children to imitate.
- Peer sensitivity: Until children experience having their own needs met repeatedly and consistently, they will not become aware of the needs and feelings of others.
- Decision making: Teachers need to recognize the importance of allowing children to make decisions for themselves and provide many opportunities for such decision making.

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- Home-school partnership: Establishing a close working relationship with the home as an essential part of the curriculum, strengthens the positive interaction between child and family and increases parental confidence and competency.
- Transdisciplinary model: The activities of all the professionals concerned with the child and family should be coordinated.

The strategies identified as facilitative processes shape educational personnel's interaction with children and families on a daily basis. They are designed to counteract or help children cope with stressful life events they may be experiencing. In addition, the strategies are designed to provide children support in coping with any neurodevelopmental behaviors that impede their learning and classroom performance. These strategies can be combined with teaching techniques of using play as a learning activity and providing individualized and small-group guidance to assist children in mastering new skills (Vincent et al., 1991).

What Planning is Required for Future Needs?

School boards need to prepare for the arrival of drug-exposed children in the schools by considering future funding needs, involving administrators and other school personnel, and supporting appropriate classroom programs (Rist, 1990).

Transdisciplinary/transagency approaches to program development are necessary to provide for the varied needs of children and families affected by substance exposure. A variety of services may be needed by these families including specialized medical care, family therapy, home health care, early intervention services, mental health services, and vocational services.

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Poulsen, M. (1991). *Schools meet the challenge: Educational needs of children at risk due to substance exposure.* Sacramento: Resources in Special Education.

Vincent, L., Poulsen, M., Cole, C., Woodruff, G., & Griffith, D. (1991). *Born substance exposed, educationally vulnerable.* Reston, VA: The Council for Exceptional Children.

RESOURCES

Cocaine Hotline
1-800-COCAINE

Cocaine Baby Help Line
Northwestern Hospital
Chicago, IL 60611
800/638-2229

National Association for Perinatal Addiction Research and Education
11 E. Hubbard Street, Suite 200
Chicago, IL 60611
312/329-2512

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
New York, NY 10605
914/428-7100

National Center for Clinical Infant Programs
733 15th Street, N.W., Suite 912
Washington, DC 20005
202/347-0308

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
301/468-2600

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